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ABSTRACT

A pilot program was designed to implement systemic changes by creating a collaborative approach and unified service delivery model for school counselors and social workers. The goals were to provide equal access to a meaningful education; increase school attendance and completion rates; increase appropriate student behaviors; increase safe and informed student choices; and forge collaboration links with community agencies. As part of the evaluation, principals, counselors, and social workers were interviewed to gain their perspectives regarding the impact of the pilot, obstacles to its implementation, and suggestions for the future. A time management study was conducted with the school personnel to determine how they spent their time, and a breakdown of their time spent on individual activities is presented in table form. Family intervention counseling was provided to 30 students in grades K-5 and statistics are included on the intervention provided during one school year. The results suggest that family counseling is a positive element of the pilot program. It concludes with a list of recommendations for the continuation of the pilot program. These address the subjects of funding, implementation, support systems, and paperwork demands. (JDM)

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WEST MESA CLUSTER

STUDENT SUPPORT SERVICES PILOT EVALUATION 1998 - 99 SCHOOL YEAR

FOR ALBUQUERQUE PUBLIC SCHOOLS

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OVERVIEW OF THE PILOT

The West Mesa Cluster Student Support Services Pilot is a unified service delivery model which reflects departmental restructuring. The Student Support Services department of the Albuquerque Public School district is creating a unified approach to program and service delivery in accordance with District Goal VII, which calls for a unified education system. In the 1996-97 school year, the department was restructured to foster collaboration and coordination among the many health and mental health functions of the district. The long term vision of the department includes the delivery of support services that are comprehensive, integrated, readily available, responsive to student needs, collaborative with the community, research based, and accountable.

In order to achieve this vision, the department developed a five-year plan. In the 1996-97 school year, the department was restructured to promote collaboration and coordination. In the 1997-98 school year, the West Mesa cluster began a pilot which reflects the departmental reorganization. The department goal for 1998-99 was to expand the pilot to more clusters. The goal for the fourth year of the plan, 1999-2000, is to implement a coordinated and collaborative implementation model throughout the district. A comprehensive evaluation of this reorganization is planned for the 2000-01 school year.

The vision of the department reflects a paradigm shift from the delivery of traditional intervention and prevention practices to a coordinated proactive vision of the delivery of support services. The Student Support Services department refers to the former as "*traditional*" and the latter as "*effective*."

"*Traditionally*," prevention and intervention practices were isolated, reactive, and fragmented. "*Traditional*" efforts include activities such as assemblies, rallies, awareness weeks, and an assortment of "one-shot efforts" that comprise the bulk of prevention and intervention services.

"*Effective*" service delivery requires a cycle of needs assessment, comprehensive planning that includes community involvement, integration and collaboration of programs, and evaluation of program effectiveness.

The model for the pilot is based on a review of existing literature on resiliency models, mental health service delivery, and New Mexico State Department of Education requirements.

In order for the pilot to meet the desired student outcomes, systemic support for service delivery has undergone change. Additional programs have been provided to the cluster through the pilot.

VISION OF THE PILOT

"To reduce barriers to learning for all students in the West Mesa Cluster schools, comprehensive student support services will be implemented which will be flexible and responsive to student needs, available to all students, and proactive in seeking out opportunities to collaborate with students' families and community."

PILOT GOALS

1. To provide equal access to a meaningful education
2. To increase student attendance rates
3. To increase school completion rates
4. To increase appropriate student behaviors
5. To increase safe and informed student choices
6. To forge collaborative links with community agencies

EVALUATION OF SYSTEMIC CHANGES IN SERVICE DELIVERY

The pilot is designed to implement systemic change by creating a collaborative approach of service delivery of the school counselor, social worker, and nurse. A time management study was conducted to compare the actual time counselors spend providing responsive services, system support, curriculum, and individual planning compared to the recommended percentages from Student Support Services. Nurses and social workers also participated in the study. Principals were interviewed to get their perspective on systemic changes that the pilot has facilitated. Counselors, nurses, and social workers participated in a focus group and completed a survey to provide feedback regarding systemic changes they have observed.

EVALUATION OF PROGRAMS

Bullyproofing
The Bullyproofing program is evaluated internally by Student Support Services personnel. The Bullyproofing evaluation will be released separately.

Crossroads
The Crossroads program is evaluated internally by Student Support Services personnel. The Crossroads evaluation will be released separately.

Family Intervention Counseling
Thirteen counselors in the cluster received training in Brief Family Intervention in the 1997-98 school year. A data collection system has been established to support the evaluation of the effectiveness of family counseling. This report includes a compilation of the data that was submitted to RDA by participating counselors.

Peer Mediation
Peer mediation at West Mesa High School is part of the 1998-99 pilot. Forms for peer mediation have not been received as of the release date of this report.

Personal and Social Responsibility Curriculum
The Personal and Social Responsibility Curriculum is designed to enable students to claim self-esteem, solve problems, set goals, act responsibly, and relate to others effectively. The West Mesa Cluster Pilot provided training and materials to school personnel to implement this curriculum. Pre- and post- self assessments for students were included in the materials.

Evaluation of the effectiveness of the curriculum is dependent upon receipt of these materials. At the time of publication, no assessments have been received.

Student Support Groups

Student Support Groups at West Mesa High School are part of the 1998-99 pilot. Data showing attendance for the groups have not been received as of the release date of this report.

EVALUATION OF IMPACT ON STUDENTS

Attendance, suspensions, retention, and grades will be examined in the evaluation in the fifth year of implementation, in which Student Support Services has planned a comprehensive evaluation.

INTERVIEWS WITH PRINCIPALS

As a portion of the 1998-99 Student Support Services Pilot Evaluation, principals in the West Mesa cluster were interviewed to gain information regarding perceived purpose/s of the pilot, changes in the school support team, changes in the collaboration of health service providers, obstacles to implementation of the pilot, and suggestions. Interviews were conducted by phone with nine of the ten principals in the cluster. One-third of the principals interviewed mentioned specifically the helpfulness and competence of the Student Support Services Pilot Coordinator.

Purpose of the Pilot

Principals gave a variety of responses to the question regarding purpose of the pilot. The perceptions of the purpose of the pilot in the 1999 interviews are more focused than in 1998, and are more strongly aligned with the purpose as stated by the Student Support Services department.

Seven principals understand the purpose of the pilot to be addition of services and resources into the cluster to serve students' needs.

Four principals discussed the purpose of the pilot in relation to increasing family counseling services.

Three principals discussed the purpose of the pilot in relation to coordination, unification, and refocusing of health services within the cluster.

Two principals identified drug and alcohol abuse intervention as a key purpose of the pilot.

In 1998, four principals understood the purpose of the pilot to be the addition of counselors and services, while four others thought pulling together resources was the purpose.

Impact of Participation

Overall

Of the nine principals interviewed, eight reported observing some change in the school this year that they attribute to the Student Support Services pilot. Changes include:

-family involvement (3)
-services are delivered in a more timely manner (2)
-students are more aware of services that are available
-more support for changing drug/alcohol related behaviors
-decreased behavior problems seen in students who have worked with a psychologist
-ability to flex schedules to accommodate families in the evening

Function of School Support Team

Five principals indicated that they have observed positive changes in the functioning of the school support team that are attributable to the pilot. Three principals discussed the value of the professional development for the support team. These principals agree that the training was time well spent. Another principal indicated that the support team is more organized due to the pilot,

while another principal stated that the pilot has assisted the support team in making better program choices for students.

In 1998, three principals reported changes in the functioning of the school support team, compared with five principals reporting changes in 1999. This suggests that the progress toward the pilot goal of improving the support team's ability to function effectively is being made incrementally.

Collaboration of the Health Services Collaborative Team

In 1997-98, four of the West Mesa cluster principals reported that collaboration was occurring among the health service providers at their school. These four increased to seven principals who report observing collaboration between the nurse, social worker, and counselor in the 1998-99 school year. Changes discussed by principals include:

-each person has a clearer understanding of everyone's role
-weekly meetings to ensure individual student needs are met
-working together is getting stronger over time
-improved communication within the team
-team members make referrals within the team

Two principals indicated that meetings did occur, but did not have a specific goal. One of these principals stated that the lack of linkage to other aspects of the school makes the impact of collaborative meetings dubious. Another principal indicated that collaboration between the counselor, social worker, and nurse occurred in 1997-98, but has not in 1998-99.

Obstacles to Implementation

The obstacle to effective implementation of the pilot most frequently mentioned by principals is personnel. Two principals specifically mentioned that having the **right** people is as essential to the pilot's success as having **more** people. The "right" people should be committed team players and open to new ways of working.

Two other principals responded to the question regarding obstacles with statements about the inefficiency of having a half time employee rather than a full time, on site employee. Clearly, a full time employee is more desirable.

Other obstacles observed by principals include:

-lack of adequate technology (computers, phone systems, etc.)
-not knowing if funding will be available in subsequent years
-parent willingness to commit to working with the counselor
-meetings during school hours (2)

The issue of having the right person in the right job was one of the top obstacles in 1997-98 as well. However, the issue of bringing new personnel into the schools late in the fall did not arise in the 1998-99 interviews, but was a leading obstacle in the previous year.

Principal's Suggestions for Improvement

Personnel Issues

-Improve salaries and benefits to get qualified applicants.

-Increase communication between Central Office counseling and nursing staff and school personnel.

-Hire people who have strength in working as a team member.

-Hire full time employees exclusively, rather than two half time employees.

-Fine-tune the job roles of each team member.

-Allow schools to make decisions about the role group of FTE's (ie: hire a social worker instead of a counselor).

Organizational/Structural Issues

-Address the needs of the cluster and of individual schools.

-More monitoring and direction regarding responsibilities from Student Support Services.

-More than $500 to each school.

-Set funding for the following year in the fall, prior to "crunch time."

-Include the Health Assistant in the Pilot—many schools have full time Assistants, but part time nurses.

Additional Suggestions

-Have a list of Medicaid service providers with address and phone number for referrals.

-Look more at schools individually, less at the big picture.

-Continue funding of the Pilot.

-Improve the technology for all school-based personnel.

-Schedule meetings outside of school time. (2)

INTERVIEW AND FOCUS GROUP WITH SOCIAL WORKERS, COUNSELORS, AND NURSES

Ten members of health service collaborative teams in the WMHS cluster completed a questionnaire and discussed issues pertaining to the pilot at a meeting in May of 1999. One participant is a social worker and six participants are counselors. Three participants did not indicate their role group on the questionnaire. Interview and discussion topics included: purpose of the pilot, changes the pilot would ideally make, actual impact of the pilot, changes in collaboration among health service collaborative personnel, the relationship between the health services collaborative and the support team, obstacles to implementation of the pilot, and recommendations for the future.

Purpose of the Pilot

Health service collaborative team members had multiple perceptions of the purpose of the pilot.

Four health service collaborative team members understand that the purpose of the pilot is to foster collaborative working arrangements between nurses, counselors, and social workers.

Five respondents cited the addition of resources and/or services as the purpose of the pilot. One of these respondents specified alternative programs as the central purpose.

One respondent stated that the purpose of the pilot is to, "...help children and their families to interact better and more successfully with their environment, in the home, school, and community." Another respondent cited decreases in suspensions and dropouts, increases in retention, increase in support services, and intervention for substance abuse as the purposes of the pilot.

Impact of Participation

On Schools

Two survey participants indicated that increased family intervention has been the primary change in their schools. Increased collaboration between the counselor, social worker, and nurse was mentioned by two respondents. Another respondent indicated that the pilot has helped the collaborative team look more professional to the administration.

On Jobs

Collaboration was discussed by two respondents as having impact on their jobs. One participant indicated that the pilot has helped her position be viewed more professionally. Increased time to work in classrooms, the ability to work with more students, and more training were other effects of the pilot. One counselor indicated that the addition of her position helped lighten the load for all counselors at the school. Only one respondent reported a negative impact on their job, which resulted from the other counselor being part time.

On Services to Students

Respondents indicate that increased services to students and families are the primary impact of the pilot on students. Professional development and the development of new skills were also reported to be important outcomes of the pilot.

Collaboration of Health Service Providers

Survey respondents had varied reports of the extent of collaboration between social workers, nurses, and counselors. Two respondents indicated that no collaboration exists, while three reported that collaboration occurs minimally. Five participants report being part of a functioning wellness team and discussed the following outcomes of the team:

-bringing our efforts together and networking
-brainstorming and insight
-coordination of services
-less duplication of effort
-referrals to resources

Interplay of Health Service Collaborative and School Support Team

Seven survey participants indicate that some collaboration between the health service team and the school support team exists in their school to varying degrees. Two respondents report that the two teams work together. One individual from the health service collaborative team attends support team meetings. Other participants indicate that the two teams share information, refer students to the other team, and that the two teams work together informally.

Obstacles to Implementation

Counselors discussed the obstacles to implementation of the pilot that they have encountered, including:

-too many schools must share nurses and social workers
-not enough time to meet
-not enough time for people split between sites to participate in the team
-bullyproofing was not implemented
-territorialism
-poor communication about evaluation procedures

Health Service Collaborative Personnel's Suggestions

Five participants recommend that more social workers be added to the WMHS cluster. Two specifically stated that social workers be assigned who can work with general education students. More time for meetings after school was another recommendation. Another respondent indicated that more involvement from the whole counseling office in scheduling and other duties would improve the pilot. Increased communication between the psychologist and the health service collaborative team would also improve the pilot, according to one respondent.

TIME MANAGEMENT STUDY

The evaluation of the WMHS Student Support Services Pilot includes a study of how counselors, social workers, and nurses utilize their time. The APS Comprehensive School Counseling Program Resource Guide provides recommended guidelines for time management for counselors. This time management study compares the actual time counselors spend providing responsive services, system support, curriculum, and individual planning to the recommended percentages from Student Support Services. A structured process was used to collect the data for this study.

Counselors, social workers, and nurses were asked to record activities they perform in fifteen minute intervals for a total of five days. The dates selected were designed to provide an overview of a "typical" week, without becoming burdensome for the participants. Participants recorded their activities one day per week for five weeks, on a different day each week. Recording sheets did ask for names of participants, however, names were removed prior to compilation of the data. Some participants had atypical days during the course of the study. These were balanced when the data from all participants for all five days were compiled.

The compiled information from elementary, middle, and high school counselors has been categorized according to the categories given in the APS Comprehensive School Counseling Program Resource Guide so that comparisons may be made between the guidelines for time management for APS and the West Mesa cluster. Nurses and social workers do not have such guidelines. Social workers and nurses tasks are reported according to percentages of time spent performing a variety of activities throughout the week.

Elementary School Counselors

The West Mesa cluster employs eleven elementary school counselors. The average number of returned time sheets for the 1999 study was eight per day.

APS offers guidelines for time distribution for counselors in the Comprehensive School Counseling Program Resource Guide. These guidelines follow:

-**Individual planning** should take 5-10% of an elementary counselors time. Individual planning for elementary counselors in the West Mesa cluster includes such activities as preparation for class visits and scheduling counseling sessions. This component of counseling can also take the form of assisting students in creating and monitoring career and educational plans.

-**System support** should take 10-15% of an elementary counselor's time, and includes tasks such as: meeting with the health services collaborative group (counselor, social worker, and nurse), support team meetings, and pilot meetings.

-The **curriculum** component ought to take 35-45% of a counselor's time. The curriculum is provided in the Comprehensive School Counseling Program Resource Guide.

-**Responsive services** include small group and individual counseling, family counseling, and crisis intervention, and should take 30-40% of an elementary counselor's time.

-Zero percent of time should be spent performing **non-counseling duties**, as recommended in the Comprehensive School Counseling Program Resource Guide. Non-counseling duties performed by elementary counselors in the West Mesa cluster during this study include recess and cafeteria duty, announcements, attendance, reviewing cumulative folders, and assisting with state-mandated testing.

Elementary counselors in the West Mesa cluster appear to spend the majority of their time on responsive services. Curriculum and non-counseling duties comprise approximately one-fourth of the "average" day, with individual planning and system support activities filling the remaining time in the work day. Compared with 1997-98, elementary counselors spent more time in all areas, due to the reduction of time spent in training. In 1998, elementary counselors spent 7.5% of their time engaged in individual planning, 15.7% in system support, 9.7% in curriculum, 41.8% in responsive services, 10.5% in non-counseling duties, and 14.8% in training.

Activity	Actual 1999 Percentage	Suggested Percentage
Individual Planning	4.4%	5-10%
System Support	9.1%	10-15%
Curriculum	15.3%	35-45%
Responsive Services	57.4%	30-40%
Non-Counseling Duties	13.6%	0%

Elementary School Counselors

	Individual Planning	System Support	Curriculum	Responsive Services	Non-counseling duties
Actual 1999	4.40%	9.10%	15.30%	57.40%	13.60%
Actual 1998	7.50%	15.70%	9.70%	41.80%	10.50%
suggested	7.50%	12.50%	40%	35%	0%

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Middle School Counselors

Nine counselors work in the two middle schools in the West Mesa cluster. An average of five middle school counselors returned time sheets over the five day period of this study.

Individual planning, system support, curriculum, and responsive services are allotted specific percentages of time for middle school counselors according to the Comprehensive School Counseling Program Resource Guide.

-**Individual planning** should take 15-25% of a middle school counselor's time. Individual planning for middle school counselors in the West Mesa cluster includes such activities as preparation for class visits. This component of counseling can also take the form of assisting students in creating and monitoring career and educational plans.

-**System support** should take 10-15% of a middle school counselor's time, and includes tasks such as: meeting with the health services collaborative group (counselor, social worker, and nurse), support team meetings, and pilot meetings.

-The **curriculum** component ought to take 35-45% of a counselor's time. The curriculum is provided in the Comprehensive School Counseling Program Resource Guide.

-**Responsive services** include small group and individual counseling, family counseling, and crisis intervention, and should take 30-40% of a middle school counselor's time.

-Zero percent of time spent performing **non-counseling duties** is recommended in the Comprehensive School Counseling Program Resource Guide. Non-counseling duties performed by middle school counselors in the West Mesa cluster include: testing, student scheduling, and registration.

Middle school counselors appear to spend the majority of their time engaged in responsive services and system support activities. Non-counseling duties, individual planning, and curriculum delivery take approximately one-fourth of the middle school counselors time in the West Mesa cluster. In the 1997-98 time study, middle school counselors spent 8.4% of their time performing individual planning duties, 17.7% in system support, 0% in curriculum delivery, 39.9% in responsive services, 17.4% in non-counseling duties, and 16.6% in training.

Activity	Actual 1999 Percentage	Suggested Percentage
Individual Planning	4.5%	15-25%
System Support	24.8%	10-15%
Curriculum	1.8%	35-45%
Responsive Services	49.0%	30-40%
Non-Counseling Duties	19.9%*	0%

*This number is inflated by approximately 1.5% due to state mandated testing which occurred during the time study.

Middle School Counselors

	Individual Planning	System Support	Curriculum	Responsive Services	Non-counseling duties
Actual 1999	4.50%	24.80%	1.80%	49.00%	19.90%
Actual 1998	8.40%	17.70%	0.00%	39.90%	17.40%
suggested	20.00%	12.50%	30%	35%	0%

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High School Counselors

Nine counselors are employed at West Mesa High School. An average of six counselors per day returned their recording sheets.

Individual planning, system support, curriculum, and responsive services are allotted specific percentages of time for middle school counselors according to the Comprehensive School Counseling Program Resource Guide.

-**Individual planning** should take 25-35% of a high school counselor's time. Individual planning for high school counselors in the West Mesa cluster includes such activities as college counseling, which is consistent with assisting students in creating and monitoring career and educational plans.

-**System support** should take 15-20% of a high school counselor's time, and includes tasks such as: meeting with the health services collaborative group (counselor, social worker, and nurse), support team meetings, and pilot meetings.

-The **curriculum** component ought to take 15-25% of a counselor's time. The curriculum is provided in the Comprehensive School Counseling Program Resource Guide.

-**Responsive services** include small group and individual counseling, family counseling, and crisis intervention, and should take 25-35% of a high school counselor's time.

-Zero percent of **non-counseling duties** is recommended in the Comprehensive School Counseling Program Resource Guide. Non-counseling duties performed by high school counselors in the West Mesa cluster include: scheduling, maintaining transcripts, data processing, and registration.

High school counselors spend most of their time providing responsive services and system support. Assisting students in individual planning and non-counseling duties take approximately one-third of high school counselors' time. In the 1997-98 time study, high school counselors spent 4.4% of their time involved with individual planning with students, 8.3% in system support, 0% providing curriculum, 22.5% in responsive services, and 44.4% in non-counseling duties. High school counselors have significantly decreased the amount of time spent performing non-counseling duties since the implementation of the pilot.

Activity	Actual 1999 Percentage	Suggested Percentage
Individual Planning	18.3%	25-35%
System Support	26.8%	15-20%
Curriculum	.2%	15-25%
Responsive Services	41.9%	25-35%
Non-Counseling Duties	12.8%	0%

High School Counselors

	Individual Planning	System Support	Curriculum	Responsive Services	Non-counseling duties
Actual 1999	18.30%	26.80%	0.20%	41.90%	12.80%
Actual 1998	4.40%	8.30%	0.00%	22.50%	44.40%
suggested	30.00%	17.50%	20%	30%	0%

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Nurses

Nine nurses are employed in the West Mesa cluster. Several individuals serve more than one school. An average of six nurses per day participated.

Information regarding suggested percentages for daily nursing activities is not provided by Student Support Services. The following chart shows the percent of time spent by nurses on a variety of activities for the five day period of time.

First Aid	26.70%
Medication	15.20%
Screening	11.50%
Paperwork	9.50%
Nursing Duties in HR	8.10%
Parent Contact	6.40%
CPR Training	4.00%
Special Education Related Duties	3.10%
Hepatitis B	3.10%
Lice Check	2.20%
Support Team	1.50%
Teacher Meeting/Conference	1.40%
Staff Meeting	1.40%
Nurses Meeting	1.00%
Collaborative Meeting	0.90%
Immunization	0.90%
Administration Meeting	0.60%
LEP Training	0.60%
Referral	0.60%
Re-evaluation	0.60%

Providing first aid, medication, and completing paperwork appear to take over half of the nurse's time. Nurses provide a wide variety of services to the schools they serve. However, the percent of time spent performing activities that are considered system support is small, especially when compared to counselors. This is likely because many nurses serve more than one school, and time does not permit them to work with the health services collaborative team at each site they serve.

The most notable changes in the time management study in 1998 to 1999 are increases in the time spent by nurses providing first aid and completing paperwork.

Social Workers

Six social workers work with students in the West Mesa cluster. Social workers serve multiple sites. An average of four social workers per day participated in the study.

Information regarding suggested percentages for daily social work activities is not published by Student Support Services. The following chart shows the percentage of time spent by social workers on a variety of activities for a five-day period of time.

Individual Student	21.50%
Paperwork	19.80%
Student Group	10.20%
Parent Contact	8.40%
Collaborative Meeting	6.90%
Home Visit	6.50%
IEP	5.60%
Teacher Contact	5.40%
Experiential Education Training	4.80%
Social Worker Meeting	3.00%
Class Visit	2.40%
Administration Meeting/ Consultation	1.50%
Other Meeting	1.20%

Social workers spend the highest percentage of time working with individual students. Working with groups of students and contacting parents also take large percentages of social worker's time. Unfortunately, a great deal of time is spent completing paperwork. Medicaid reports, filing, case notes, and contact notes are specified by social workers, while many social workers did not specify the type of paperwork on the time sheets.

The most notable changes between the 1998 time study compared with 1999 are increases in time spent completing paperwork and conducting student groups. A decrease in the amount of time social workers spent at social worker meetings also appears to have decreased. The amount of time spent in health service collaborative meetings is within one percentage point of 1998. Most social workers serve multiple schools, and like nurses, may be unable to attend collaborative meetings at each school.

Conclusions

This information is intended only to provide a "snapshot" picture of a week in the West Mesa cluster's health service providers. This snapshot provides some degree of insight into the amount of time spent on various activities:

Counselors at the elementary, middle, and high school levels appear to consistently perform responsive services for much of the day. Counselors at all three levels have increased the amount of time spent performing these services to exceed the district guidelines from 1998 to 1999.

Nurses and social workers do not have the time management guidelines that counselors have, but their daily activities appear to be within the scope of the job descriptions.

Social workers appear to have excessive required paperwork, which decreases the amount of time available to work directly with students and families.

FAMILY INTERVENTION COUNSELING

Thirteen counselors in the cluster received training in Brief Family Intervention in the 1997-98 school year. In the 1998-99 school year, thirty-eight students in grades K-5 were documented as receiving family counseling services. A system of data collection to determine short-term effectiveness of family counseling was established in 1997-98, however, of the thirty-eight students served, complete documentation was returned for twenty-three cases.

Students were referred for family counseling by parents (50% of documented cases), teachers (41% of documented cases), administrators (4.5% of documented cases), and the school support team (4.5%) of documented cases. Referrals were made for a variety of school, behavior, and family related problems. Referrals for school problems include: not turning in assignments, drop in grades, failing classes, and poor attendance. Behavior problems that were referred for family counseling include lack of motivation, poor social interactions, violence and aggression, abuse of others, irresponsibility, frequent nurse visits, and depression. Referrals for family problems include communication difficulties, parental difficulty with discipline, parent/child conflict, separation/divorce, and sibling problems. Approximately one-third of the students who were referred have received counseling in the past.

Counselors provided between two and thirteen sessions (an average of five sessions) to each family. Interventions were varied, and the following table shows the number of families who received each intervention. Most families received more than one intervention.

INTERVENTION	# OF FAMILIES
Redefining family's relationships with each other	14
Redefining family's relationships with school	10
Normalizing problem/s to reduce family's anxiety and enhance coping skills	10
Insight into current dysfunctional dynamics	8
Reorganization of major relationships in the family	7
Education around presenting problems	6
Referrals and/or auxiliary services	6
Addressing family's values and belief systems	2
Redefining family's relationship with other systems (human services, medical, etc.)	1

Families reported many positive outcomes from the counseling. An increased ability to cope with problems was a benefit for 81% of the families. Communication between family members improved for 73% of the families who reported. Additional benefits include improved family relationships (73%), improvement in student attitude toward school (36%), improved relationship with the school (36%), and improvement in student grades (18%).

One-hundred percent of students who completed exit forms indicate that family relationships have improved, and 72% expressed that communication between family members has improved. Two-thirds of the students who returned exit forms felt that their ability to cope with problems has increased, and one-third indicate that their attitude toward school has improved.

Teachers of students who participated in the family counseling had the opportunity to report their observations of changes in student behavior after the services were delivered. Improved social interaction was the top observation of teachers who completed the feedback form (80%). Seventy percent reported observing the student gain an improved attitude toward school. Half of the teachers who responded observed improved relationships between home and school, as well as improvement in classroom behavior. Reduction of discipline problems, improvements in classroom behavior, and improvements in student grades were also observed by teachers.

Short-term results reported by counselors, families, students, and teachers indicate that family counseling is a positive element of the pilot. The ability to flex counselor's schedules to accommodate families makes delivery of family services possible.

COUNSELOR/STUDENT RATIO BY CLUSTER

Cluster	Counselor/Student Ratio
CHS Cluster	1/567
DNHS Cluster	1/516
EHS Cluster	1/471
LCHS Cluster	1/458
HHS Cluster	1/438
MHS Cluster	1/431
SHS Cluster	1/425
RGHS Cluster	1/405
AHS Cluster	1/379
WMHS Cluster	1/379
VHS Cluster	1/369

Data on the number of counselors per cluster was provided by Student Support Services. The number of counselors assigned to each cluster was divided into the total enrollment for each cluster. These data are based on the 1998-99 school year and do not include social workers, psychological services, or additional services that may be purchased through the Pilot.

The West Mesa cluster has a low ratio of counselors to students, with each counselor serving an average of 379 students.

RECOMMENDATIONS

1. Develop indicators for each of the Pilot goals to be used as a template for identifying essential components of quality student support services and programs in all clusters.

2. Focus on meeting the aforementioned indicators for each goal through specific programs and services designed to align with the goals and indicators.

3. Systems should be in place to indoctrinate new health service collaborative personnel to the expectations of the pilot. This will ensure sustainability of the collaborative model of service delivery.

4. Provide ongoing support for health service collaborative team functions. Provide information regarding the pilot to all employees of the West Mesa cluster. This information will minimize confusion regarding the pilot among all school personnel.

5. Guidelines for amount of time spent performing duties in the categories of individual planning, system support, curriculum, responsive services, and non-counseling duties in the Comprehensive School Counseling Program Resource Guide should be revisited to determine whether existing guidelines are feasible and meeting the needs of the schools. Currently, no time is allocated for professional development. The recommendation of zero time for non-counseling duties may not be realistic, as all school personnel are called upon at times to perform duties that do not directly relate to their job description.

6. Define the relationship between the health services collaborative team and the school support team. The unified delivery of services to students is contingent upon this relationship.

7. Identify budgetary strategies to allow as many full time employees to be placed at a single site as possible.

8. The issue of consistently including nurses and social workers in the health services collaborative at each school should be addressed. Scheduling meetings to accommodate these team members and/or providing additional personnel for these roles may be feasible solutions.

9. Re-examine the required paperwork for social workers. The amount of time spent completing paperwork clearly needs to be addressed. Other means of collecting needed information should be examined.